U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1,30/						
1. File Number U -	2. Fiscal Year Covered From:					
	1 / 1 / 2004 Through: 12 / 31 / 2004					
3. Name and address of person filing.	Name, file number, and address of labor organization.					
Name Elizabeth Donocoff	Name Graphic Communications Conference/IBT Local 14					
	Labor Organization File Number 023-547					
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any					
Street 109 St. Regis Drive	Street 1310-28 E. Sedgley Avenue					
City West Deptford	City Philadelphia					
State New Jersey ZIP Code + 4 08096	State Pennsylvania ZIP Code + 4 19134-1520					
5. Position in labor organization. Trustee to Health & Welfare Fund						
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.					
F.O. Box, Blug., Room Ro., II ally	7.b. Amount.					
Street						
City						
State ZIP Code + 4						
Signature						
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)						
Signed Elingabeth Donocoft	On 8 Aug 2005 856-468-5952 Date Telephone Number					

Name of Person Filing Elizabeth Donocoff		File Number U -			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name PNI, Inc. Photoengravers H & W Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 201	Attendance at Employee Benefits Educational Conference for Taft-Hartley Trustees.				
Street 601 Dresher Road	11.b. Approximate dollar valu	te of such dealing. \$4,613			
City Horsham	12.a. Nature of interest held	energy polyment and procedure			
State Pennsylvania ZIP Code + 4 19044-2203	Reimbursement of e				
	12.b. Amount.	\$4,613			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				